PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

117035

RATE FEE BASIC FEE 385.00 OR BASIC FEE 7		OTHER. SMALL E	OR		SMALL EN TYPE □	(Column 1) (Column 2)				CLAIMS AS				
TOTAL CHARGEABLE CLAIMS 3 minus 20 13	FEE	RATE	[FEE	RATE					TOTAL CLAIMS				
NDEPENDENT CLAIMS	770.00	BASIC FEE	OR!	385.00	BASIC FEE	NUMBER EXTRA				FOR				
### ### ### ### ### ### ### ### ### ##	234	X\$18=	OR		X\$ 9=	13	· 13		33 mir	TOTAL CHARGEABLE CLAIMS				
Total	258	X86=	OR		X43=	3	* 3		6 mi	INDEPENDENT CLAIMS				
CLAIMS AS AMENDED - PART II	O	+290=	OR		+145=				RESENT	MULTIPLE DEPENDENT CLAIM PR				
CLAIMS AS AMENDED - PART II	1267	TOTAL	OR		TOTAL	olumn 2	"0" in co	If the difference in column 1 is less than zero, enter				* If		
Column 1 Column 2 Column 3	OTHER THAN						MENDED - PART II				CLAIMS AS A			
RATE TIONAL FEE TIONAL		SMALL C	OH	ENTITY	SMALL	(Column 3)				(Column 1)				
145	ADDI- TIONAL FEE	RATE		TIONAL	RATE	1	BER DUSLY	NUM PREVIO		REMAINING AFTER		ENT A		
145		X\$18=	OR		X\$ 9=	=		**	Minus	*	Total	MON		
145		X86=	OR		X43=	=	5 01 0104	1		*	·	AMEI		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST PREVIOUSLY EXTRA AMENDMENT PAUD FOR PAUD FOR PREVIOUSLY EXTRA		+290=	OR		+145=		CLAIM	PENDEN	JETIPLE DEI	NTATION OF MU	FIRST PRESE			
COlumn 1) (Column 2) (Column 3) REMAINING REMAINING AFTER PREVIOUSLY PAID FOR PAID FEEL PAID FEEL PAID FEEL PAID FEEL PAID FOR PAID FEEL PA			OR											
Total														
REMAINING AFTER AMENDMENT PREVIOUSLY PAID FOR PRESENT EXTRA Total	ADDI-		1	ADDI-			IEST	HIGH						
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Column 1 Column 2 Column 3		X\$18=	OR		X\$ 9=	=		**	Minus	*	Total	MON		
Column 1 Column 2 Column 3		X86=	OR		X43=		- 0	<u> </u>		*	·	ME		
(Column 1) (Column 2) (Column 3) CLAIMS REMAINING NUMBER PRESENT EXTRA AMENDMENT PAID FOR Total * Minus ** =		+290=	OR		+145=		CLAIM	PENDEN	ULTIPLE DE	NTATION OF M	FIRST PRESE	Ľ		
Column 1) (Column 2) (Column 3) CLAIMS REMAINING REMAINING NUMBER PREVIOUSLY PAID FOR Total * Minus *** = Independent * Minus *** = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * TOTAL ADDIT. FEE * Moderate Previously Paid For" IN THIS SPACE is less than 3 enter "3."		TOTAL												
CLAIMS REMAINING AFTER AMENDMENT Total * Minus *** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** *** *** *** *** *** ***		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_		ADDIT. I EL	(Column 3)	ımn 2)	(Colu		(Column 1)				
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